

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010727

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

152

1. PLACE OF DEATH

a. COUNTY

Cape

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

1 day

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location)

St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Scott

c. CITY OR TOWN

Chaffee

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

R.F.D. 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

James

Middle

Lemuel

Last

Andrews

4. DATE OF DEATH

Month

March

Day

9

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-8-1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days Hours Min.

10 1

IF UNDER 24 HR

Months Days Hours Min.

10 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cable Splicer (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY

S.W. Bell Telep. Co.

11. BIRTHPLACE (City and state or country)

Garland Co., ARK.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James Peter Andrews

13b. MOTHER'S MAIDEN NAME

Augusta Harriett Potman

14. NAME OF HUSBAND OR WIFE

Stella Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. J. L. Andrews - R.F.D. 1 - Chaffee

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

18 hrs.

DUE TO (b)

Asian Influenza

7 days

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Thrombosis, due to auto accident

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 27 Feb 63 to 9 Mar 63 and last saw him alive on 9 Mar 63. Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

MARCH 11, 1963

23c. NAME OF CEMETERY OR CREMATORY

New Lorimer Cem.

23d. LOCATION (City, town, or county)

Cape Girardeau - Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bisplinghoff Funeral Home - Chaffee

3-15-63

Drum Kasten

MAR 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.